

ORIGINAL

Revision: HCFA-PM-85-14 (BERC)
SEPTEMBER 1985

ATTACHMENT 4.18-A
Page 1
OMB NO.: 0398-0193

ORIGINAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MAINE

- A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge		Amount and Basis for Determination
	Deduct.	Coins. Copay.	

The following schedule of copayments applies to all of the services listed below:

<u>Medicaid Payment for Service</u>	<u>Recipient Copayment</u>
\$10.00 or less	\$0.50
\$10.01 - \$25.00	1.00
If the Maximum per day is \$2.00;	
\$25.01 or more	\$2.00
If the maximum per day is \$3.00;	
\$25.01 - \$50.00	\$2.00
\$50.01 or more	\$3.00

Pharmacy	X	A nominal copayment is imposed for pharmacy services. The nominal copayment is charged on each initial and refilled drug prescription. The copayment shall not exceed \$2.00 for generic and single source drugs and \$3.00 for multisource brand name drugs.
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TN No. 93-11
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TN No. 92-07

Approval Date 7/22/93

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HCFA ID: 0053C/0061E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MAINE

- A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
Ambulance			X	A nominal copayment is imposed for each day of non-emergency ambulance services. The copayment amount shall not exceed \$3 per day.
Chiropractic			X	A nominal copayment is imposed for each day of chiropractic services. The copayment amount shall not exceed \$2 per day.
Home Health			X	A nominal copayment is imposed for each day of home health services. The copayment amount shall not exceed \$3 per day.
Hospital Outpatient			X	A nominal copayment is imposed for each day of outpatient hospital services. The copayment amount shall not exceed \$3 per day.
Medical Supplies & Equipment			X	A nominal copayment is imposed for each day for equipment. The copayment amount shall not exceed \$3 per day.

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OFFICIAL

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MAINE

- A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act: 1

Service	Type of Charge		Amount and Basis for Determination
	Deduct.	Copay.	
Occupational Therapy		X	A nominal copayment is imposed for each day of occupational therapy. The copayment amount shall not exceed \$2 per day.
Physical Therapy		X	A nominal copayment is imposed for each day of physical therapy. The copayment amount shall not exceed \$2 per day.
Podiatry		X	A nominal copayment is imposed for each day of podiatry services. The copayment amount shall not exceed \$2 per day.
Private Duty Nursing & Personal Care Services (combined)		X	A nominal copayment is imposed for each day of private duty nursing and personal care services. The copayment amount shall not exceed \$3 per day.
Speech & Hearing Clinic Services		X	A nominal copayment is imposed for each day of speech pathology services. The copayment amount shall not exceed \$2 per day.
Speech Pathology		X	A nominal copayment is imposed for each day of speech pathology services. The copayment amount shall not exceed \$2 per day.

OFFICIAL

OFFICIAL

Revision: HCFA-PM-85 (BERC)
SEPTEMBER 1985

ATTACHMENT 4.18-A
Page 1 (Cont.)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maine

A. The following charges are imposed on the Categorically Needy for services other than those provided under Section 1905(a)(1) through (5) and (7) of the Act.

Service	Type of Charge		Copay	Amount and Basis for Determination
	Deduct.	Coins.		
Laboratory			X	A nominal copayment is imposed for each day of laboratory services. The copayment amount shall not exceed \$1 per day.
Medical Imaging			X	A nominal copayment is imposed for each day of x-ray services. The copayment amount shall not exceed \$1 per day.
Psychology			X	A nominal copayment is imposed for each day of psychology services. The copayment amount shall not exceed \$1 per day.
Optical			X	A nominal copayment is imposed for each day of optical services. The copayment amount shall not exceed \$2 per day.
Mental Health Clinic			X	A nominal copayment is imposed for each day of mental health clinic services. The copayment amount shall not exceed \$2 per day.
Optometry			X	A nominal copayment is imposed for each day of optometry services. The copayment shall not exceed \$3 per day.
Substance Abuse Treatment Facility			X	A nominal copayment is imposed for each day of substance abuse treatment facility services. The copayment shall not exceed \$2 per day.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MAINE

OFFICIAL

- B. The method used to collect cost sharing charges for categorically needy individuals:

☒ Providers are responsible for collecting the cost sharing charges from individuals.

☐ The agency reimburses providers the full Medicaid rate for a service and collects the cost sharing charges from individuals.

- C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

Pharmacy:

No pharmacy may discount the copayment for promotional purposes. The pharmacy may forgive the copayment for compassionate reasons on an individual basis, but the copayment will still be deducted from the Department's payment.

All service providers:

The State permits the providers to accept recipient ascertainment that he or she is unable to pay with absence of knowledge or indications to the contrary.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

OFFICIAL

State: Maine

- D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

The exclusions have been promulgated under the State's Administrative Procedures Act as part of the Medicaid Program rule: Maine Medical Assistance Manual.

- E. Cumulative maximums on charges:

☐ State policy does not provide for cumulative maximums.

☒ Cumulative maximums have been established as described below:

Ambulance: No more than \$30 per calendar month per individual.

Chiropractic: No more than \$20 per calendar month per individual.

Home Health: ~~No~~ more than \$30 per calendar month per individual.

Hospital

Outpatient: No more than \$30 per calendar month per individual.

Durable Medical

Equipment: No more than \$30 per calendar month per individual.

Occupational

Therapy: No more than \$30 per calendar month per individual.

Physical

Therapy: No more than \$20 per calendar month per individual.

Podiatry: No more than \$20 per calendar month per individual.

Private Duty Nursing & Personal Care

Services: No more than \$5 per calendar month per individual.

Speech & Hearing Clinic

Services: No more than \$20 per month per individual.

Speech Pathology

Services: No more than \$20 per month per individual.

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ATTACHMENT 4.18-A
Page 3a
OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MAINE

E. Cumulative maximums on charges: (cont.)

OFFICIAL

Laboratory. No more than \$10 per calendar month per individual.

Medical Imaging (X Ray) No more than \$10 per calendar month per individual.

Psychology. No more than \$20 per calendar month per individual.

Optical. No more than \$20 per calendar month per individual.

Mental Health Clinic. No more than \$20 per calendar month per individual.

Substance Abuse Treatment. No more than \$20 per calendar month per individual.

Optometry. No more than \$30 per calendar month per individual.

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